

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Aiken  
 Township of Millbrook  
 or  
 Inc. Town of.....  
 or  
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

6279

Registration District No. 207 Registered No. 14  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jacob Lee (No. .... St.; .... Ward)  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? Single (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 7 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fraughton Lee  
 (9) PRESENT POSTOFFICE OF FATHER Aiken S C  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Year)  
 (12) BIRTHPLACE Aiken Co S C  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Aiken S C  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Year)  
 (18) BIRTHPLACE Aiken Co S C  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Daisy Woodman  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 11 1922 (28) J. H. Coole Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.